13031052970

FEC FORM 1		STATEMENT OF ORGANIZATION			RECEIVED Office Use Only APR 10 AM 8: 3:			
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example over the	e: If typing, type lines.	12FE4N			CENTER
Dale K.	Menis	ing, for	_I C ₁ o ₁ n ₁ g	ress	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
		1 1 1 1 1 1	<u> </u>	<u> </u>		<u> </u>		
ADDRESS (number and street) P O B O X .								
(Check if is changed								
	lr	CITY A	<u> </u>		CA STATE ▲	19 ₁ 5 ₁ 5 ₁ 6 ₁ 0 Zii	O CODE 4	4.7
COMMITTEE'S E-MA	AIL ADDRESS							
(Check if address is changed)		d.a.1.e.m.e.n.s.i.n.g11.9.0.s.m.a.1.1c.o.m.						
	o _l L	ptional Second E-Mail A	ddress				 <u>I I I I</u>	ت_
COMMITTEE'S WEE	address	SS (URL) No We	b site	exists				نا
2. DATE 0	3 3 1	2.01.3						
3. FEC IDENTIFIC	CATION NUME	BER > C						
4. IS THIS STATE	MENT X	NEW (N) OR		AMENDED (A)				
certify that I have	examined this S	Statement and to the be	st of my kno	wledge and belief it	is true, corre	ect and complete		
Type or Print Name	of Treasurer	Dale Kei	nnet	h Men	sing			
Signature of Treasure	er . <u></u>) fokm	ransis	ner :	Date 6	3 3 1	20	1 3
NOTE: Submission of		, or incomplete information Y CHANGE IN INFORMA					of 2 U.S.C. §	j437g.
Office Use Only			Fe Tol	r further information of deral Election Commiss I Free 800-424-9530 cal 202-694-1100			ORM 1 06/2012)	

	EC E	rm 1 (Revised 02/2009) Page 2					
TYPE OF COMMITTEE Candidate Committee:							
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate Diale Kehneth Mensing							
Candidate Party Affiliation REP Office Sought: Note Senate President October Candidate Can							
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
Part	y Con	nmittee:					
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.					
Polit	ical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a					
		Corporation Corporation w/o Capital Stock Labor Organization					
		Membership Organization Trade Association Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fundraising Representative:							
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a faderal candidate.					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser							
	1.	FEC ID number C					
	2.						
	3.	FEC ID number C					
	4.	FEC ID number C					

ł					
FEC Form 1 (Revised	02/2009)	Page 3			
Write or Type Committee Nam	_				
Dale K. M	lensing for Congress				
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor			
. Al million					
MONE					
Mailing Address					
	CITY STATE	ZIP CODE			
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor					
 Custodian of Records: Idea books and records. 	entify by name, address (phone number optional) and position of the person in	possession of committee			
Full Name Diail	e Kenneth Mensing	<u> </u>			
Mailing Address	P. O. BOX 11447	<u> </u>			
		<u> </u>			
	Redway [CA] 19.5	5.5,6,0]-[1,4,4,7]			
Title or Position	CITY STATE	ZIP CODE			
Tirieiaisiuirieir	Telephone number 7.0.7 -	2,2,3 - 5,3,5,2			
8. Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of			
Full Name of Treasurer	EI KIENNIETIH MENSILNGI	:			
Mailing Address	[P1. O1. B10 X 1 4 4 7				
	CITY STATE	7.5.6.0 - 1.4.4.7 ZIP CODE			
Title or Position	Telephone number 7:0:7-	2,2,3 - 5,3,5,2			
	the second secon				

FEC For	rm 1 (Revised 02/2009)	Page 4
Edl Nome of		
Full Name of Designated Agent	NONE TO THE	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		_
	Telephone number	-
. Banks or Othe	Pr Depositories: List all banks or other depositories in which the committee deposits funds	, holds accounts, rents
	poxes or maintains funds. Depository, etc.	
	Community creditionion	
Mailing Address	7.5.7 Red wood Diriive	
	Garibierivii II. le [CA]	5542-4199
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address		
	CITY STATE	ZIP CODE

Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 4/4/13
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signa	ature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration (Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
R	4/10/13
PREPARER (3/2005)	DATE PREPARED